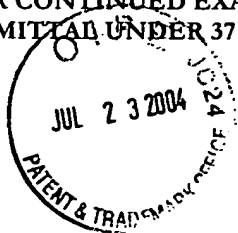


REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL UNDER 37 C.F.R. §1.114

RCE
2661/61



DOCKET NUMBER: K-0161
Prior Appln Serial No.: 09/520,363
Filed: March 7, 2000
Inventor(s): Sang Rim SHIN
Confirmation No.: 9628
Group Art Unit: 2661
Examiner: D. Vincent

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Sir:

NOTE: 37 C.F.R. §1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. §1.53(d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

1. Submission required under 37 C.F.R. §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on ____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____
- iii. ☐ Other: ____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other: ____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of ____ months. Fee amount \$130.00 under 37 C.F.R. §1.17(i) enclosed. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required).

- b. ☐ Other: ____

3. Fees ☒ RCE fee required under 37 C.F.R. §1.17(e); Small Entity \$385.00, other than small entity \$770.00. The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.
- ☒ Extension of time fee (37 C.F.R. §§1.136 and 1.17)

Payment by:

- a. ☒ Checks in the amount of \$1,474.00 for RCE fee (\$770), additional claims over previously paid number of claims (\$414), and multiple dependent claims (\$290), check # 12461; \$950.00 for 3 month extension of time, # 12458;
- b. ☐ Please charge my Deposit Account No. 16-0607 in the amount of \$____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of any deficiency in the above fees associated with this communication or credit any overpayment to Deposit Account No. 16-0607. A duplicate copy is enclosed.

07/26/2004 CNGUYEN 00000052 09520363

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770.00 OP

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Respectfully submitted,
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